

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO. **HX491411**

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION		INCIDENT INFORMATION																						
NAME (LAST - FIRST - M.I.) CUTRONE, ANTHONY V		<input checked="" type="checkbox"/> 1. INDOOR <input type="checkbox"/> 2. OUTDOOR ADDRESS OF OCCURRENCE 5839 S MORGAN ST CITY <input checked="" type="checkbox"/> CHICAGO STATE (If outside Chicago) <input type="checkbox"/> LOCATION CODE BEAT OF OCCURRENCE 289-RESIDENCE PORCH/HALLWAY 0712 DATE OF OCCURRENCE TIME DAY OF WEEK 01-NOV-2014 20:22:00 SATURDAY NO. OF OFFICERS BATTERED <u>2</u> WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES 2. <input type="checkbox"/> NO IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS) ? <u>2</u>																						
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED																								
<input checked="" type="checkbox"/> 1. ON DUTY <input type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ <input checked="" type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____ <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER		WORKING: <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? <hr/> PATROL TYPE: <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER																						
TYPE OF ACTIVITY																								
<input type="checkbox"/> A. AMBUSH -NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input checked="" type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____		(Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER <hr/> <input type="checkbox"/> 1. REVOLVER <input type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> E. FEET <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> 4. SHOTGUN <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input type="checkbox"/> B. VEHICLE <hr/> <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> H. OTHER (SPECIFY) <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I. BLUNT INSTRUMENT																						
FIREARM USE INFORMATION (Check all that apply):																								
<input checked="" type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON																								
OFFENDER INFORMATION																								
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F CB NO. 19005567		RACE BLACK DOB IR NO.																						
WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? GANG RELATED? <input checked="" type="checkbox"/> 1. YES <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN <input checked="" type="checkbox"/> 3. UNKNOWN NO. OF OFFENDERS PRESENT? <u>1</u>																								
TYPE OF INJURY TO OFFICER																								
<input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) <input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input checked="" type="checkbox"/> D. NONE APPARENT/NONE		LIGHTING CONDITIONS AT INCIDENT WEATHER CONDITIONS <table border="0"> <tr> <td><input type="checkbox"/> A. DAYLIGHT</td> <td><input type="checkbox"/> D. DUSK</td> <td><input checked="" type="checkbox"/> A. CLEAR</td> <td><input type="checkbox"/> D. FOG / SMOKE / HAZE</td> <td><input type="checkbox"/> G. OTHER</td> </tr> <tr> <td><input type="checkbox"/> B. NIGHT</td> <td><input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT</td> <td><input type="checkbox"/> B. RAIN</td> <td><input type="checkbox"/> E. SLEET / HAIL</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> C. DAWN</td> <td><input checked="" type="checkbox"/> 1. POOR</td> <td><input type="checkbox"/> C. SNOW</td> <td><input type="checkbox"/> F. SEVERE CROSS WIND</td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="5">APPROXIMATE OUTDOOR TEMPERATURE: 40 °F</td> </tr> </table>			<input type="checkbox"/> A. DAYLIGHT	<input type="checkbox"/> D. DUSK	<input checked="" type="checkbox"/> A. CLEAR	<input type="checkbox"/> D. FOG / SMOKE / HAZE	<input type="checkbox"/> G. OTHER	<input type="checkbox"/> B. NIGHT	<input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT	<input type="checkbox"/> B. RAIN	<input type="checkbox"/> E. SLEET / HAIL	<input type="checkbox"/>	<input type="checkbox"/> C. DAWN	<input checked="" type="checkbox"/> 1. POOR	<input type="checkbox"/> C. SNOW	<input type="checkbox"/> F. SEVERE CROSS WIND	<input type="checkbox"/>	APPROXIMATE OUTDOOR TEMPERATURE: 40 °F				
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Unusual Circumstances Regarding Officer Control Tactics and Safety: (If you need more space use additional sheets).

LOG # 1072342

Attachment # 7

REPORTING MEMBER - SIGNATURE
CUTRONE, ANTHONY V

STAR NO.
9258

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.